HOODOO: THE INDIGENOUS MEDICINE AND PSYCHIATRY OF THE BLACK AMERICAN

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In the growing volume of literature on transcultural psychiatric studies of indigenous healers, the "Hoodoo doctor" has been too long overlooked. The minimal amount of material about this type of folk healer reveals a failure to discriminate Hoodoo from other cultural systems of healing (Cappannari et al. 1975; Hall & Bourne 1973; Michaelson 1972; Rocereto 1973; Saphir et al. 1967; Snell 1967; Snow 1974; Tinling 1967; Wintrob 1973). The indigenous "Hoodoo doctor" should not be confused with the Voodoo priest-doctor. The former, a product of Black American culture, is quite common (Haskins 1974; Herskovitz 1941; Hurston 1931; Hyatt 1935, 1970, 1973, 1975; Nott 1922; Puckett 1926), whereas the latter is rarely, if ever, found in the United States. In fact, the Hoodoo doctor is often shunned by the few Voodoo societies in the United States (Puckett 1926:191).

The present paper will attempt—with limited data—to adumbrate the actual distinction between Hoodoo doctors and other indigenous healers and to clarify the healing aspects of the American Blacks' Hoodoo doctor in relation to the interaction of situational and psychological factors in the Black community.

Hoodoo as a Form of Folk Medicine and Psychotherapy

Hoodoo, as a system of native Black American folk psychotherapy and psychiatry, was defined by Hyatt (1935:24) as "a complex belief and practice involving almost every aspect of witchcraft or Hoodoo is a magic rite—whether acted according to a formula or merely intended or wished— against someone's welfare." The core of this system, according to Hyatt (1935:361), is "to catch a spirit, or to protect your spirit against the catching, or to release your caught spirit; this is the complete theory and practice of Hoodoo." Moreover, Hoodoo is flexible, amorphous, and constantly changing to suit changing times, conditions, and personalities.

A person can "lay" or "plant a root" for another--to catch the spirit of another." The victim, however, is not entirely helpless. He can, with the proper guidance and help from a "root worker" or "root doctor," turn the spell or "trick" against the person initiating it. Once the Hoodoo doctor has performed this highly respected act, the "homing"

The Florida Anthropologist, vol. 30, no. 4, December 1977 principle returns the spell infallibly to the initiator. For guidance in such cases, one goes to a specialist who has made a study of these matters--the Hoodoo doctor.

Hoodoo doctors may be white—not necessarily Cajun--and Catholic (see Hurston 1931) or a member of any Christian denomination. They are, however, predominantly male. One may become a Hoodoo doctor in any one of three ways: (1) by being born with the gift, (2) by receiving the "call," or (3) by learning the profession from another, or serving an apprenticeship.

Hoodoo doctors have rather well-defined professional duties. These include (1) diagnosis, (2) finding out who "laid the trick," and (3) curing the patient by either destroying the trick or administering "roots" or "herbs" from a Hoodoo bag. There is no general agreement about which roots and herbs should be used. Hurston (1931:411) states that "Anything may be conjure, nothing may be conjure, according to the doctor, the time and the use of the article."

Hoodoo doctors are often distinguished from "root doctors" because the Hoodoo doctor's specialty is medicine. But some Hoodoo activities, usually known as signs, are felt to have little to do with the Hoodoo doctor. This accords with the distinctions between practitioners of medicine (Hoodoo) and those of magic (signs), where forms of sorcery may take place (Puckett 1926:31; Herskovitz 1941:239; Cameron 1930:364). Hoodoo doctors may also specialize and may have specialties ranging from warding off death to bringing it about.

The Hoodoo doctor is usually a respected but feared member of his community. He, like healers in the Euro-American tradition, has both medical and social power. As Young (1976: 15-16) points out:

> The power of healers (diagnosticians as well as therapists) has two aspects, then. One is practical and the other is social. The first refers to power accumulated and controlled by the healer in order to compete with pathogenic agencies, so that he can produce a remission of symptoms (see Glick, 1967;
> Jansen, 1973, pp. 139-140). This aspect can be measured according to how powerful are the pathogenic agencies that must be countered (that is, the seriousness of the symptoms they produce and their ability to resist therapies), and how common these prophylactic, diagnostic, or therapeutic abilities are in a particular society. The social aspect of power refers to someone's ability to communicate and
> and legitimize his choice of exculpating circumstances. This aspect of power can be measured according to the seriousness of the social consequences of exculpation for the sick person and other principles in the episode. The two aspects of power are closely linked, since it is through diagnosis and therapy that the choice of exculpating circumstances must be communicated and legitimized.
> . . . It is by his choice of translators that the sick person can exercise control over what sorts of translations are possible, and what sorts of audiences will be mobilized during the episode.

Hoodoo Versus West African and Haitian Voodoo

One of the basic differences between American Hoodoo and Haitian Voodoo is that Hoodoo, although a system of belief and therapy, is not a cult, nor does it engage in cult or group activities or worship. Although both systems are concerned with spirits, their mythological structure and content vary enough culturally to have quite different processes of diagnosing and treating disorders.

A comparison clarifies the distinction. If a Black American is ailing and believes he has been "Hoodooed," he visits a Hoodoo doctor "to turn the trick." The trick is a spell in the form of a "spirit" that has been placed on someone by another. In finding out who initiated the trick and in dealing with it, the Hoodoo doctor does not assume the role of intermediary with a higher spiritual worlcL Rather, he deals directly with "spirits" arising from and functioning in interpersonal relations.

The cultural attitudes fostered by both Hoodoo and Voodoo, however, nurture the phenomena of autosuggestion and conversion. The Hoodoo doctor is autonomous and prescribes and cures the individual patient. Voodoo, on the other hand, is characterized by the following: (1) devotion to a deity or deities ; (2) ceremonial music and dancing, with specific meaning accorded to particular spirits; (3) collectivized tension, excitement, ritual, and possession behavior; (4) the presence of the houngan, in his role as healer and intermediary possessed by loa (spirits) and supported by group possession; and (5) a sacrificial offering. None of these occurrences are characteristic of Hoodoo. Voodoo, unlike Hoodoo,is invariably group oriented. Also, in Voodoo,mamaloi or priestesses abound, such as Marie Laveau, the Voodoo Queen of New Orleans, as opposed to the Hoodoo doctor which is almost always a man.

Hoodoo versus Jamaican Obeah and Brazilian Umbanda

In general, the features that distinguish Hoodoo from Haitian Voodoo apply as well to other forms of West Indian or South American "Voodoo" such as Jamaican Obeah and Brazilian Umbanda. Both of these features are absent in American Hoodoo. In Brazilian Umbanda, the person presiding over a meeting is known as a "medium" who serves as a "horse" for the possessing spirit, who is seen as "mounting" or entering the medium (Figge 1975) .

A specific case may serve to highlight the differences between Hoodoo and the various forms of West Indian and South American Voodoo. In this case, recorded by Hyatt (1973), the spirit is on a patient and he has gone to a Hoodoo doctor to be cured. An indigenous diagnosis is made and treatment prescribed with no religious or group overtones; that is, no^ syncretic cult activities are to be found, nor is a consultation with a higher spiritual world. The taped question-answer session is presented as it was recorded (Hyatt 1973: Vol. 3, p. 503) .

> Q: In taking off a spell and using the wood herbs, do you use the same thing for all spells or do you use different herbs for different spells?

A: Yo' use some in de—lak yo' use watah.

Q: How do you do that?

A: Don' let de watah hit de groun', ketch de watah 'fo' [before] it hit de groun'.

Q: Rain water?

A: Dat's right. Ketch it in de glass, pitchah, ketch it above de groun'. Don' even let de watah drop [drop] off de top of de house. Set it [container] out one side upon a shelf an' de rain come until it git full. If yo' ain't got it full, de| [they] take an' po' out dat an' git it [water] til yo' git it [container full]—de rain watah. An' take it fo' a wash regardless of whut kinda spirit 'got on yo[1]. in nine days time yo' will be all right. But yo' gotta wash. Ketch about a half a gallon or a^ gallon and' yo' don' throw de watah away aftar yo' firs' wash. Yo' wash yo' face in dat. Yo' kin wash yo' han' in any othah watah, but chew wash yo' face an' haid in dat watah. Den po' dat [rain] watah in anothah jah [jar] an' let dat stay. Tomorrah mawnin'

***y*®** Çfit up, yo' do de same thing, yo[1] wash yo' face an' hair [in the preserved rain water]. An' de nex' day yo' wash in de nex' watah dat wus had fer nine days. Den yo'll put all dose watahs tuhgethah, all in one, an' dey travels to de sundown way.

Q: To the sundown what?

A: To de sundown side.

Q: Sundown side. Well, you said "way" didn't you?

A: Well, in de way dat da sun go down at--see, out m de wes'. Yo'turn yo ' back to de lef ' at de lef cornah. Yo' turn yo' back to de lef' an' wave dis bottle ovah yo' haid [demonstrates],

Q: You swing it around over your head.

A: Yes, an' let all de watah po' out. Dat yo' see. Den yo' throw dis stuff by turnin' dis bottle loose [so that] de' [dey = they] all go out. Turn 'em [loose, the nine waters] an' let 'em stay. An' day [the patient] walk off from de house, say, "Go."
Tell 'em to take an' carry 'em wherevah day come from. Den he go back where he come from. An' whosoevah brought on de spell, it is off. Ah'11 bet anything or not dat it's off.

Q: Now, you take this rain water that you catch, a half gallon or a gallon, and you wash in that nine days. The same water?

A: Yes, de same watah.

Q: Nine days, and then you throw it to the west back over your head; but you swing it around over your head when you do that in a glass jar or something.

A; Ovah yo- lef' shouldah.

Q: And you don't look back-

A: Yes.

From this brief discussion, it appears that the Hoodoo doctor remains crucial to the socio-cultural constructed symbolic reality" of the Black American. If this is recog' nized, a comparative approach to medical healing in Hoodoo could be revealing. As Kleinman (1973:133) points out:

> A phenomenology of healing practices and a general model of the healing relationship and process is precisely what is required for a clearer and more critical understanding of the systems of medical- care as well as for efforts aimed at restructuring modern forms of medical care.
>
> Symbolic reality neither denotes the realm of actual events and biological processes nor the personal subjectivity of the individual; rather, it represents the mediating social and cultural world of ideas, values, sentiments, meaningful symgolic forms, social relations and the like; that is, the. sphere of socially legitimated human reality in which most of us function and work. It is within a given society's symbolic reality that medical systems exist and function, as do all other cultural systems; thus illness is shaped into human experience, and that healing takes place. (Author's emphasis)

Hoodoo versus Other North American Methods of Folk Healing

The distinguishing characteristics of Hoodoo have been generally overlooked by such researchers as Snow, who has lumped Hoodoo and other forms of folk healing together. In her article entitled "Folk Medical Beliefs and Their Implications for Care of Patients" (1974) , Snow misled perhaps by superficial similarities— included Hoodoo among folk medical systems such as those of the Pennsylvania Dutch, the Hutterites, the Amish, the Appalachian Whites, the Cajuns of Louisiana, Kansas farmers, Puerto Ricans, and Mexicans without making the necessary distinctions. Yet Hoodoo is basically different from all these forms of folk medicine.

It is true that in most of the above-mentioned systems, all indigenous to continental North American with the sole exception of the Puerto Rican, the curing is not group oriented or syncretic as in West Indian or South American Voodoo. ^ differences do exist. Even though curing is done individually, it usually has a religious orientation, usually Catholic m the case of Puerto Ricans or

Mexicans, usually some form of Protestant fundamentalism in the case of the Hutterites, Amish, and Pennsylvania Dutch. In all these groups, God is seen as the ultimate healer.

The Pennyslvania Dutch "powwowers" regard the Bible as particularly effective in curing a "hexed" patient. Furthermore, the Pennsylvania Dutch powwower has yet another feature that distinguishes him or her from the Hoodoo doctor. The powwower will frequently "draw" the disorder from the patient's body into his own. The powwower, in effect, "takes on" (absorbs) the illness of the patient (Guthrie 1966). This is something no Hoodoo doctor would consider doing.

. s h a m a n i s t i c cult activities of the American Indian, deities and gods are invariable involved. The ceremonies are usually group oriented, thus distinguishing this form of indigenous medicine from Hoodoo. In addition, the collectivized tension, ceremonial dancing, and trance-like state of the participants in many American Indian medicinal activity make this type of folk medicine more akin to Voodoo than Hoodoo.

Hoodoo also appears to have little in common with the Pentecostal sects of both Haiti and the United States. Both of these sects are, unlike Hoodoo, group, God, and possession oriented. Possession in this case represents the phenomenon of glossolalia or "speaking in tongues."

Attention should be paid to similarities, but inter- and intracultural variations of symbolic realities in their relationships to illness are of major concern if ethno- psychiatry is to make a meaningful contribution.

The Clinical and Ethnopsychiatrie Meaning of Hoodoo

There appear to be four continua in the cultural evolution of Hoodoo: (1) the development of Hoodoo itself through a synthesis of Christian or Catholic beliefs and, sometimes, Protestant fundamentalism; (2) the priestly cult and collendrical healing ceremonies of Voodoo evolving into the practices of the individually trained and independently practicing Hoodoo doctor; (3) the evolution of Hoodoo practices from rural, provincial areas to urban, industrial cities, predominantly in the North; (4) the evolution of behavior disorders according to cultural patterns logically creating the consequent movement from conversion and hysteriform disorders, involving the voluntary neuromuscular or sensory- perceptual systems, to the Euro-American psychosomatic form of illnesses founded on disordered functioning of the autonomic and vegetative bodily systems.

Continuum 4, it should be noted, can only be hypothesized on the basis of general differences apparent between the urban clinical (etic) cases of Tinling (1967), Wintrob (1973), Cappannari et al. (1975), and the descriptive (emic) examples of Hyatt's ethnographic observations (1935, 1965, 1970, 1975). Hyatt s rural examples tend to resemble hysteriform disorders, in contrast to the somatic preoccupations, delusional systems, and psychosomatic illness of the urban cases.

A further point to be considered is the functioning of autosuggestion and conversion involved in the trance—possession syndromes of illiterate or primitive cultures. Here, various symbols or scapegoats within the pressure parameters of kin and family relations allow inadequacies and frustrations to be projected in a culturally channeled manner witchcraft. This does not occur in modern cultural conditions, where the schizophrenic with paranoid reaction in his idio-syncratic belief system and notions of persecutions is to be expected in the anomic conditions and economic arrangements so typical of Euro-American culture. Hence, in differential diagnosis, Hoodoo beliefs, particularly as they function in cultural doctrines of belief in witchcraft, can hardly be seen as atypical content of paranoid schizophrenic reaction.

The shift in Continuum 3 may be the causative basis for the dysfunctionality of historic Hoodoo beliefs in Black American culture. Such dysfunctioning cultural processes can be cosidered pathogenic. Signs of this phenomenon have been reported by Weiner (1969), who found that more than half of the Blacks he interviewed believe their health has rapidly diminished during the last three generations. Two-thirds of urban Black Americans revealed to Brunswick and Josephen (1972) that they [11] feel sick" and at least three —fourths of adolescent Harlem Blacks expect "sickness" for the better part of their lives. Finally, Comely (1968) tells us that the mortality and morbidity rate between Whites and Blacks is continually widening.

The effect of Continuum 3 on healing processes may also be disastrous. While the problems of industrialized ex istence continue to place massive stress on traditional Black culture, its rate of disintegration increases. Persistent disregard of Black culture by the Anglo medical establishment only intensifies the already high rates of mental and physical disorder within the Black American culture. Caught up in this process, the Hoodoo doctor, although enjoying a culturally prestigious and advantaged role for curing, is clearly unable to cure many of the psychosomatic illnesses.

However, not only the Hoodoo doctor is hampered in treating illness. The clinical cases of Tinling, Snell, Wintrob, and Cappannari clearly outline the problems involve when allopathic medicine attempts to treat a Black who attributes the origins of his disease to an etiology within a culturally-constituted symbolic reality which is not under stood by the treating physician. The physicians found them selves unable to enter such realities. While the Hoodoo doctor may be able to treat the psychological conditions, he will inevitably fail with many of the somatic aspects. Since the reverse is the reality for modern medicine, a "peaceful coexistence," such as Wintrob recommends, must be sought..

Much has been written on the psychiatric effects of urbanization on American Indians. Virtually nothing, however, has been done on similar etiology for Black American psychopathology. According to the principles of social psychiatry, there should be little difference between the <u>function</u> of the Native American Church and Black American

Hoodoo. That is, both function as a reaction to the cultural conditions of existence, maintain social support-identity- solidarity, and, finally and most importantly, are culturally- sanctioned means of alleviating interpersonal stresses inherent in any culture. Indeed Suttles (1971) has advanced the theory that such activities are not only culturally functional and integrative for Black American culture, but psychologically healthy as well.

In every article of medical literature dealing with the subject of Hoodoo, the physicians were in agreement on one point: most of their patients arrived at both their dis
order and final cure within their culturally-constituted symbolic reality. "Often times," reported Kimball (1970),
"the modern medicine man finds it expedient to seek out the services of a 'root-doctor'" who can exorcise the spell cast over a patient. "Such a person has followed his or her people north. At the University of Rochester, the author and his colleagues had on a number of occasions to utilize the services of root-work" (Kimball 1970:803). Kimball's patient, however, did not return to the medical clinic, but probably sought the services of a Hoodoo doctor. In such cases the symptoms are non-specific. Often there is an organic explanation for the sumptom for example, tuberculosis of the bone; but the victim will not accept legitimate medical interventions unless roots are also worked. There are indications that because of anxiety or other emotions induced via roots non-specific physiologic alterations occur that may explain such phenomena as sudden death, syncope, and pseudocyesis that are sometimes found in relation to roots.

Tinling (1967), of the University of Rochester, contends:

> The burden is on the doctor to ask the appropriate questions. . . . "Do you mean that someone is working roots on you?" or, "Could it be roots?" . . . The physician must remember that the patient or his family may see the root-doctor as the only person who could help the patient. Depending upon the circumstances, it may be wise for a physician to allow the patient to seek such helpT (Author's emphasis)

Four of Dr. Tinling's seven patients received their final cure after having seen a Hoodoo doctor. Cappannari[1]s (1975) patient who suffered from regional enteritis, emerged from a hypnosis-like state induced by a fundamentalist Baptist minister, who had Hoodoo affiliations, reading biblical passages concerning the casting out of demons. This apparently dispelled the "hex" and cured the patient.

A question arises: whether modern medicine, including psychiatry, can successfully collaborate with the practitioners of Hoodoo. Hes has stated that the therapist in particular_ is faced with the following decisions: (1) to fight shamanism as unmedical and unscientific, (2) to find a compromise or division of labor between the shaman and the occidental therapist, or (3) to accept shamanism as such and abandon a considerable number of patients to people who might overlook serious diseases. Hes, like Tinling, urges a

compromise, with one qualification—that a prior search for somatic illness be made.

Snell (1967:313) reinforces the need to consider Hoodoo beliefs in differential diagnosis:

> If the physician fails to ask about hexing beliefs or otherwise invite open discussion of them, a serious potential obstacle exists to the achievement of a therapeutic rapport. The patient may feel that if the doctor does not know what is really causing his symptoms he cannot possibly help him.

If indeed such a rapport can be obtained, Snell suggests, "Using hypnosis can be an effective, ethical technique (Snell 1967:311).

Weidman (1975) extends the ramifications of Hoodoo into the boundaries of general medicine. Such beliefs, she notes have been found not only in psychiatric cases but in P~~e~~djL atric and general cases. A recent well-documented instance from Family Medicine of psychogenic death from such beliefs provided a case in point.

Other cases have been reported, adding further proof of psychosomatic effects. Noel (in Michaelson 1972:58) used calcium gluconate in the treatment of his "hexed patients whose manifest disorders he described as "psychophysiologic --not unlike colitis or gastric ulcers." One of Wmtrob s (1972) North American patients died of what he terms hex death;" another became asymptomatic and was discharged after being treated by a "root-doctor." On the basis of this clinical experience, Wintrob advised physicians that sensitivi y to culturally determined beliefs and practices of patients whose ethnic and social class background differs from that of the treatment personnel is crucial to accurate assessment of those patients' illness, whether medical or psychological. In evaluating, the doctor must take into account folk beliefs and folk-medicine no less than interpersonal stresses and intrapsychic factors. The lesson is clear: to ignore any of these focuses is to invite clinical error.

Young (1976:6) states the transcultural problem as follows :

> The interests of sick people, curers and people who worry that they may become sick are dominated by a medical paradigm. This means that they frame their questions and organize their behavior in order to identify, remove, arrest, alleviate, or prevent the disease symptoms that have intruded or threaten to intrude into everyday life. In frief, their interests focus on the efficacy of medical beliefs and practices. Because a people's beliefs and practices about prophylaxis, diagnosis and therapy constitute the greatest part of any society's efforts to understand and deal with sickness, they must be tne

> indispensable materia prima of the anthropologist who wants to study sickness.

Young maintains that going beyond the medical paradigm of a particular people and using the Western or Euro—American paradigm to evaluate all other medical systems is faulty for two reasons: (1) analysts can only deal with their medical matters in a fragmentary way, and (2) while this paradigm can explain why people hold certain beliefs, it cannot explain why other sorts of beliefs and practices persist.

Young (1976:6) further maintains that an expansion of the meaning of illness may be necessary:

> How can the field of interest be defined without the Western Paradigm? Although it is reasonable enough to say that beliefs and behavior can be defined as "medical" when they somehow refer to sickness, if we leave the matter here we also leave our assumptions implicit. The question which should be asked is: What, precisely, does "sickness" mean? The everyday definition of the word will not do since it has evolved out of the practical traditions of the Western healing arts and has taken its form within the institutional framework of the Western medical profession. What is needed is a concept of sickness that is consistent with the sorts of analytical concepts with which anthropologists study other institutions or ethnographic categories. It should be useful for cross-cultural comparisons and it should deal with facts that are examples of social behavior.

Conclusion and Research Recommendations

One can safely conclude that little is truthfully or systematically known about the Hoodoo doctor and his healing techniques and powers of of the overall belief system that supports Hoodoo. This should not warrant continued disregard for the abilities of Hoodoo doctors by physicians; on the contrary, it should stimulate research possibilities. However, such research would require of its participants a readiness to examine their own culture (Murphy 1973). Murphy (1973:716) adds :

> A start is being made with the subject, particularly by White Northern American therapists treating Negro patients, but it is only a start. If transcultural psychiatry could show how much the therapist's cultural unconscious is affecting his perception of the patient and his problems, and show also how to handle these feelings, this might be the greatest contribution which transcultural studies could make to general psychiatry at this time.

Tinling suggests clinicians may now be able to observe psycho-physiological changes in the hexed patient rather than

rely on poorly documented reports from remote areas. At this point, it is true, there have been no sound ethnological or ethnopsychiatrie studies made which answer such necessary informational needs as : the cultural conditions under which Hoodoo exists and operates; objective analysis of culturally-induced stress, emotional economy; culturally-approved cathartic outlets for this stress and consequent types and forms of disorders; intrafamilial-personal factors; psychopharmacological aspects (materia medica aspects); psychophysiological changes; theory of illness and statistical data on the use, and timing, in the course of illness when the Hoodoo doctor and/or M.D. is contacted. Information of a purely ethnological nature has also not been widely obtained.

However, psychophysiological changes in the hexed patient can be fully observed and documented by f'ieldworkers despite claims to the contrary. In the continuing discussions

on the etiology of Voodoo death, Lex (1974) maintains that revival of the question indicates that ethnographers either lack knowledge of autonomic system functioning or disavow the significance of the autonomic nervous system in human behavior. However, she strongly contends that:

> empirical testing of the explanation of death by suggestion—the practitioner's manipulation of the autonomic nervous system through the victim's cognitive apprehensions of witchcraft--should neither be difficult nor require sophisticated laboratory apparatus. Pupillary constriction, easily observable and indicative of parasympathetic activation, provides one ready diagnostic for field workers; the amount of saliva, of perspiration, degree of muscle tonicity and skin pallor in an individual are also discernible without complicated instruments (Lex 1974:822).

Transcultural psychiatry has already learned much from American Indian therapists. To cite only a few examples, Opler's (1973) "Ute Indian Dream Analysis," Jilek's (1974) Salish Indian Mental Health and Culture Changes, and, perhaps the most provocative, Johnson and Proskauer's (1974) study of "Hysterical Psychosis in a Prepubescent Navajo Girl." This eleven-year-old girl received treatment from both a shaman and an Anglo psychiatrist working cooperatively. This latter approach provides an ideal model; but the goal should not be replacement of tne indigenous therapist or his cooperation as an "associate therapist" in the hospital setting, but rather [a] peaceful coexistence. Such a condition has already been reported by Bergman (1973) in his involvement in the establishment and training program of a Navajo school for medicinemen.
It may soon be possible, given more such advances, to develop similar programs for Hoodoo. In the end a successful integra— tion of Black culture and modern medicine can be achieved.

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